

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p>9-27-94</p> <p>RAYMOND J. LILLIE CARELLA, BYRNE, BAIN, GILFILLAN, CECCHI, STEWART & OLSTEIN 6 BECKER FARM ROAD ROSELAND, NJ 07068-1739</p>		<p>INVENTOR'S NAME W. French Anderson</p> <p>Street Address 960 Winston Avenue</p> <p>City, State and ZIP Code San Marino, California 91108</p> <p>CO-INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p><input type="checkbox"/> Check if additional changes are on reverse side</p>	

SERIES CODE/SERIAL NO	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/220,175	03/30/94	014	STONE, J	1804 09/07/94
First Named Applicant: ANDERSON, W. FRENCH				

TITLE OF INVENTION: THERAPY

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
27101097	424-093.210	E19	UTILITY	NO	\$1170.00	12/07/94

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
<p>Raymond J. Lillie Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein 6 Becker Farm Road Roseland, New Jersey 07068</p>	<p>Elliot M. Olstein</p> <p>2 Raymond J. Lillie</p> <p>3</p>

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (Print name)		6a. The following fees are enclosed:	
<p>(1) NAME OF ASSIGNEE: United States Government as represented by the Secretary of the Department of Health and Human Services</p> <p>(2) ADDRESS (CITY & STATE OR COUNTY): Washington, D.C. 20231</p> <p>(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:</p>		<p>Issue Fee: 12</p> <p>Advanced Order: # of Copies (Minimum of 10)</p> <p>Any Deficiencies in: Enclosed Fees</p>	
<p>A. <input type="checkbox"/> This application is NOT assigned.</p> <p><input checked="" type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office.</p> <p><input checked="" type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.</p>		<p>6b. The following fees should be changed to:</p> <p>DEPOSIT ACCOUNT NUMBER: 03-0678</p> <p>(ENCLOSED PART C)</p> <p><input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order: # of Copies (Minimum of 10)</p> <p><input checked="" type="checkbox"/> Any Deficiencies in: Enclosed Fees</p>	

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(Signature of party in interest or record) *Raymond J. Lillie* (Date) *9/22/94*

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SERIES CODE/SERIAL NO.	FILED DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
			on September 22, 1994	

(Signature)

Raymond J. Lillie

(Typed or Printed Name)

ATTY'S DOCKET NO.	CLASS SUBCLASS	BATCH NO.	APPRN TYPE	SMALL ENTITY	FEE DUE	DATE DUE

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3. Correspondence address change (complete only if there is a change) Raymond J. Miller Carella, Byrne, Bain, Giffman Cecchi, Stewart & Olstein 6 Becker Farm Road Roseland, New Jersey 07068	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents. OR Alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
1. <u>Elmer H. Olstein</u>	1. <u>For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents. OR Alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.</u>
2. <u>Raymond J. Miller</u>	2. <u>Raymond J. Miller</u>
3. _____	3. _____

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19

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B. Clearance is pending)

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